



## STATE BOARD OF OPTOMETRY

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834

P (916) 575-7170 F (916) 575-7292 [www.optometry.ca.gov](http://www.optometry.ca.gov)

## APPLICATION FOR INTERNATIONAL (FOREIGN) GRADUATE SPONSORSHIP

INTERNATIONAL (FOREIGN) GRADUATES OF SCHOOLS/COLLEGES LOCATED OUTSIDE OF THE UNITED STATES (U.S.) WHERE A DEGREE FOR A PROVIDER OF EYE CARE HAS BEEN OBTAINED AND IS EQUAL TO OR GREATER THAN THAT OF A DOCTOR OF OPTOMETRY DEGREE OBTAINED IN THE U.S. FROM AN ACCREDITED SCHOOL/COLLEGE OF OPTOMETRY MAY APPLY FOR BOARD SPONSORSHIP PROVIDED THAT THEY MEET THE REQUIREMENTS OF CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 3057.5 AND CALIFORNIA CODE OF REGULATIONS SECTION 1530.1.

**Total Fee Required \$275.00**

PLEASE READ THOROUGHLY, THE ENCLOSED **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INTERNATIONAL (FOREIGN) GRADUATE SPONSORSHIP** BEFORE YOU BEGIN TO COMPLETE THE APPLICATION FORM. MAKE YOUR CHECK PAYABLE TO THE **BOARD OF OPTOMETRY**. PLEASE NOTE THAT THE REQUIRED FEE IS AN EVALUATION/PROCESSING FEE THAT IS NON-REFUNDABLE. PLEASE ALLOW 6 – 8 WEEKS FOR PROCESSING.

## Cashiering and Board Use Only

Receipt #	Payor ID #	Beneficiary ID #	Amount

Please type or print clearly.

SOCIAL SECURITY NUMBER

   -   -    

DATE OF BIRTH (MONTH/DATE/YEAR)

  /   /    

NAME (LEGAL NAME ONLY)

 (LAST)  (FIRST)  (MIDDLE)
Other name(s) you are known by: 

ADDRESS:

 (STREET)  (CITY)  (STATE)  (ZIP CODE)

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ CELL PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: 

EDUCATION:

DATE DEGREE CONFERRED (MONTH/DATE/YEAR)

  /   /    

NAME OF SCHOOL/COLLEGE OF OPTOMETRY

LOCATION OF SCHOOL

 (CITY)  (STATE)  (COUNTRY)

HAVE YOU SUCCESSFULLY COMPLETED (PASSED) ALL SECTIONS (PARTS I, II, III) OF THE NBEO EXAMINATION? ☐ Yes ☐ No

PLEASE PROVIDE THE MONTH AND YEAR THAT YOU COMPLETED EACH OF THE EXAMINATIONS.

PART I (BASIC SCIENCE)  (MONTH)  (YEAR) PART II (CLINICAL SCIENCE)  (MONTH)  (YEAR)

PART III (PATIENT CARE)  (MONTH)  (YEAR)

HAVE YOU SUCCESSFULLY COMPLETED (PASSED) THE CALIFORNIA LAW EXAMINATION? ☐ Yes ☐ No  
PLEASE PROVIDE THE MONTH AND YEAR THAT YOU COMPLETED THE EXAMINATION. \_\_\_\_\_  
(MONTH) (YEAR)

HAVE YOU PREVIOUSLY APPLIED FOR LICENSURE TO PRACTICE OPTOMETRY IN CALIFORNIA? ☐ YES ☐ NO  
IF YES, PLEASE PROVIDE THE MONTH AND YEAR OF THE APPLICATION: \_\_\_\_\_  
(MONTH) (YEAR)

DO YOU NOW OR HAVE YOU EVER HELD A LICENSE TO PRACTICE OPTOMETRY IN ANY OTHER STATE?  
IF YES, PLEASE LIST EACH STATE AND LICENSE NUMBER BELOW: ☐ YES ☐ NO

\_\_\_\_\_  
(State) (License #) (State) (License #) (State) (License #)

**Important Notice: A letter of good standing must be sent directly to the California Board of Optometry from each State Licensing Board where you have held or currently hold a license.**

HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, OR HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? ☐ YES ☐ NO

*If YES, attach your detailed explanation of the circumstance surrounding the arrest/conviction or disciplinary proceedings taken by another state or governmental agency and attach any documentation (i.e., arrest report/court documents/accusations) that you may have.*

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY? ☐ YES ☐ NO

*If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.*

**(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday. You may omit traffic infractions under \$300 that did not involve alcohol, dangerous drugs, or controlled substances.)**

***I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

ATTACH ONE 2 X 2 COLOR PHOTOGRAPH TAKEN OF YOU WITHIN THE LAST 60 DAYS.

ATTACH COLOR PHOTO  
HERE

PHOTO IS TO BE HEAD  
AND SHOULDERS ONLY  
And of  
PASSPORT QUALITY